

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # N33019 1. Entity Name BROWARD COUNTY HISPANIC BAR ASSOCIATION, INC.			
Principal Place of Business 201 SE 6TH STREET SUITE 655 FT. LAUDERDALE, FL 33301 US		Mailing Address 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180	
2. Principal Place of Business One East Broward Blvd.		3. Mailing Address One East Broward Blvd.	
Suite, Apt. #, etc. Suite 700		Suite, Apt. #, etc. Suite 700	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33301		Zip 33301	
Country Broward		Country Broward	
4. FEI Number 65-0264190		Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SNYDER, JENNIFER ESQ 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Hiram M. Montero Street Address (P.O. Box Number is Not Acceptable) One East Broward Blvd. Suite 700 City & State Fort Lauderdale FL Zip Code 33301	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AVALOS, CATALINA			NAME	Hiram M. Montero		
STREET ADDRESS	201 SE 6TH STREET #655			STREET ADDRESS	One East Broward Blvd., Suite 700		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301			CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	President-Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALMAIDA, ILEANA M			NAME	Jose A. Izquierdo		
STREET ADDRESS	201 SE 6TH STREET			STREET ADDRESS	1132 S.E. 3rd. Ave		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301			CITY-ST-ZIP	Fort Lauderdale, FL 33316		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIRANDA, GINGER			NAME	Carl Bober		
STREET ADDRESS	201 SE 6TH STREET			STREET ADDRESS	1901 S Andrews Ave.		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301			CITY-ST-ZIP	Fort Lauderdale, FL 33316		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Corresponding Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOBER, CARL			NAME	Carmen Cuetos		
STREET ADDRESS	2514 HOLLYWOOD BLVD., STE. 408			STREET ADDRESS	101 N. Pine Island R., Suite 201		
CITY-ST-ZIP	HOLLYWOOD, FL 33020			CITY-ST-ZIP	Plantation, FL 33324		
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	Recording Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUERRA, CYNTHIA			NAME	Ether E. Galicia		
STREET ADDRESS	201 SE 6TH STREET			STREET ADDRESS	2866 E. Oakland Park Blvd.		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301			CITY-ST-ZIP	Fort Lauderdale, FL 33306		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OCHOA, JANET			NAME			
STREET ADDRESS	201 SE 6TH STREET			STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: _____ **JUAN P. AREAS** August 16, 2006
Signature and typed or printed name of signing officer or director Date Daytime Phone